

# Clark County Parks and Recreation

# Safekey

# Summer Camp



## SUMMER CAMP CALENDAR 2014

Please complete the bottom portion of this page before mailing:

Camp Site: (Circle one)

Desert Oasis

Hayes

Silvestri

Sawyer

Participant First & Last Name: \_\_\_\_\_

Please Note: This Calendar will solely be used to assist with the planning for adequate staffing needs, and to ensure that we maintain a safe and fun environment for your child. Selected days may be changed if advance notice is given to the Summer Camp Site Staff.

### Reminders:

- 1 ) The first two weeks of specified days must be paid in full with your initial registration.
- 2 ) Remaining payments are due by 6:00PM each Wednesday for the upcoming week to secure a spot for your child/children.
- 3 ) For periodic attendance, payment in full is required for each anticipated day of attendance to secure a spot for the entire summer.

June 9-13	Mon	Tue	Wed	Thu	Fri	\$15 / Day =
June 16-20	Mon	Tue	Wed	Thu	Fri	
June 23-June 27	Mon	Tue	Wed	Thu	Fri	
June 30-July 3	Mon	Tue	Wed	Thu	* Closed	
July 7-11	Mon	Tue	Wed	Thu	Fri	
July 14-18	Mon	Tue	Wed	Thu	Fri	
July 21-25	Mon	Tue	Wed	Thu	Fri	
July 28-Aug 1	Mon	Tue	Wed	Thu	Fri	
August 4-8	Mon	Tue	Wed	Thu	Fri	
August 11-15	Mon	Tue	Wed	Thu	Fri	

TOTAL for Days Selected: \_\_\_\_\_

T-Shirt size: \_\_\_\_\_ \$5

TOTAL ENCLOSED: \_\_\_\_\_



Sample T-Shirt

Camp T-shirts are available in Youth sizes S, M, L, and Adult sizes S, M, L, & XL, and may be purchased with this initial registration at a cost of \$5 each.

NOTE: (T-shirts are required for field trips).





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## SAFEKEY SUMMER CAMP - REGISTRATION FORM

### 2014

Please complete front and back of this white form-(one form per child).

Requested Camp Site:		2nd Site Request:		DOB:	
Participant First & Last Name:				Age:	Sex: M F
Address:		Apt.#	City & Zip:	Phone:	
Parent/Guardian #1:			Cell Phone:		
Employer Name & Address:			Work Phone:		
Parent/Guardian #2:			Cell Phone:		
Employer Name & Address:			Work Phone:		
E-mail Address(es):					
Required for Online Payments					

#### EMERGENCY CONTACT / AUTHORIZED TO PICK UP PARTICIPANT (Someone other than parent/guardian):

(I understand that it is my responsibility to provide current contact information)

Relationship:	Phone:
Relationship:	Phone:
Relationship:	Phone:
Relationship:	Phone:

MEDICATION: \_\_\_\_\_ NO \_\_\_\_\_ YES (If yes, please fill out the additional Authorization to Hold Medication form)

#### DOES PARTICIPANT REQUIRE ANY SPECIAL ACCOMMODATIONS :

(If special accommodations are needed, contact the Safekey Office 2 wks prior to attendance)

#### ALLERGIES:

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**Fees:** I understand that the Safekey Summer Camp is a pre-pay program and program fees must be received **before** participation is allowed in the program. Payments may be made via mail-in, online at [www.clarkcountynv.gov/parks](http://www.clarkcountynv.gov/parks), or at the Safekey Administration Office. **NOTE: Payments are no longer accepted at the Safekey Summer Camp Site.**

**Late Pick-up Fee:** I understand that a \$5 late fee will be assessed for every ten (10) minutes after program hours beginning @ 6:01pm until the participant is picked up. \_\_\_\_\_ (Parent Initials)

**NOTE: After the third late pick-up, the participant may be excluded from the program.**

\_\_\_\_\_ (Parent Initials)

**Refunds:** Safekey Summer Camp refunds will be issued only if notice is given one week prior to the end of Summer Camp.

\_\_\_\_\_ (Parent Initials)

**Sign-In/Out:** I understand that each child must be signed in and out of the program daily. I further understand that the only person(s) authorized to pick up my child/children are those individuals listed on this registration form, and that a **Photo ID** must be shown upon request. (Be prepared to show ID daily).

\_\_\_\_\_ (Parent Initials)

**Parent Guidelines:** I have read and understand the policies and procedures as outlined in the parent guidelines and in the online payment pamphlet.

\_\_\_\_\_ (Parent Initials)

**Receipts for Income Taxes:** I understand that the Safekey Office and/or Safekey program sites do not provide copies of attendance or receipts for income tax purposes. I further understand, as stated in the Parent Guidelines, that I must retain a copy of my receipts to verify payments in the program for income tax purposes.

\_\_\_\_\_ (Parent Initials)

I, Print Parent Name, acting on behalf of myself or my minor child do expressly and forever waive and release Clark County, Nevada, Department of Parks and Recreation and all their respective officers, employees, agents, or representatives from any and all liability for personal injuries or damages sustained, incurred, or arising from participation in any Parks and Recreation activity. **PHOTO/VIDEO RELEASE:** By registering for any Clark County Parks and Recreation program, I agree to allow publication of photos or video taken of my child/children or myself at any program, event or facility associated with the Clark County Parks and Recreation Department.

Signature of Parent/Guardian

Date

White: Safekey Site

Canary: Safekey Office

Pink: Customer

**"Please complete Camp Calendar on reverse side"**